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Date: June 13,

2023

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## COVER SHEET FOR AMENDMENT OF POST-TRAVEL SUBMISSION

**Instructions:** Use this form as a cover sheet for any paperwork you may need to submit to the **Office of Public Records** in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. **Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.** 

## SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING

Name of Traveler: Adam Telle	
Hagerty	,
Travel Expenses Paid by (List all sources): Senate Work	ing Group
Travel Date(s):	
Description/Title of Attached Forms: amendment	
Purpose of Amendment (describe the reason for amending	g original submission):
The amendment provides for a final version of the p	ore travel form
	1
	Ch ale
	// <del>//</del> ///
6/13/23	steary 1/6
(Date)	(Signature of Traveler)

(Revised 4/19/2010)

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**Print This Form...** 

Clear Form

## EMPLOYEE PRE-TRAVEL AUTHORIZATION

<u>Pre-Travel Filing Instructions</u>: Complete and submit this form at least 30 days prior to the travel departure date to the <u>Select Committee on Ethics</u> in <u>SH-220</u>. Incomplete and late travel submissions will <u>not</u> be considered or approved. This form <u>must</u> be typed and is available as a fillable PDF on the Committee's website at ethics.senate.gov. Retain a copy of your entire pre-travel submission for your required post-travel disclosure.

Date/Time Stamp:

Originally Submitted: January 26, 2022 7:16 pm

	Adam Telle
Name of Traveler:	
Employing Office/Committee:	Senator Bill Hagerty
Senate	Working Group
Private Sponsor(s) (list all):	
March 24-26, 2022	2
	he trip for any reason you <u>must</u> notify the Committee.
The Greenbrier, 1 Destination(s):	01 W Main St, White Sulphur Springs, WV 24986
Explain how this trip is specifically of	connected to the traveler's official or representational duties:
As chief of staff to Senator Hagerty, the information not provided for in the Sen	e Symposium is an educational training program that provides access to vital resources and late that is beneficial for fulfilling my official duties.
Name of accompanying family mem	ber (if any):
Relationship to Employee: X Spous	se Child
3/14/2022 (Date)	ed in this form is true, complete and correct to the best of my knowledge:  (Signature of Employee)
Secretary for the Majority, Secretary for	NG SENATOR/OFFICER (President of the Senate, Secretary of the Senate, Sergeant at Arms, the Minority, and Chaplain):
Bill Hagerty	Adam Telle
l,(Print Senator's/Officer's No	ame) (Print Traveler's Name)
related expenses for travel to the ever duties as a Senate employee or an off private gain.	ision, to accept payment or reimbursement for necessary transportation, lodging, and nt described above. I have determined that this travel is in connection with his or her ficeholder, and will not create the appearance that he or she is using public office for
	lance of the employee's spouse or child is appropriate to assist in the representation
of the Senate. (signify "yes" by checking	ng box) 🗵
08/14/2022	Sill Many
(Revised 10/19/15)	(Signature of Supervising Senator/Officer)  Form RE-
	FORM KE-/